

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90211 003 \*\*\*\*50.00

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03122007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000095142</b> 1. Entity Name <b>PALMER LAND DEVELOPMENT, L.L.C.</b>					
Principal Place of Business <b>240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641</b>			Mailing Address <b>240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641</b>		
2. Principal Place of Business - No P.O. Box # <b>310 S.E. 74<sup>th</sup> St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>310 S.E. 74<sup>th</sup> St.</b> Suite, Apt. #, etc.			
City & State <b>Gainesville, FL</b> Zip <b>32641</b>		City & State <b>Gainesville, FL</b> Zip <b>32641</b>		4. FEI Number <b>20-5688447</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KRUEGER, SCOTT D 2750 NORTHWEST 43RD STREET STE 201 GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, ANDREW 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, LINDA 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, LINDA 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, LINDA 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, LINDA 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, LINDA 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, LINDA 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, LINDA 240 SOUTHEAST 74TH STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: <u>Linda J. Palmer</u> <u>Linda J. Palmer</u> <u>March 12, '07</u> <u>(352) 378-3737</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					